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ABSTRACT

This report summarizes the major results of a youth risk behavior survey administered to 1,549 students (grades 9-12) in 14 New Mexico schools identified as predominantly "Native American." The purpose of this report is to stimulate useful discussions into ways to increase informed support for effective, school-based comprehensive health education programs. A similar report presents results from schools not identified as "Native American." Of responding students, 77.5 percent described themselves as Native American or Alaska Native. After a brief description of the survey methodology, statistics and graphs are presented in the following areas: (1) unintentional and intentional injuries relating to motor vehicles, violence, and suicide; (2) tobacco, alcohol, and other drug use; (3) sexual behaviors relating to HIV/AIDS education, other sexually transmitted diseases, commencement and frequency of intercourse, pregnancy, and condom use; (4) dietary behaviors relating to obesity and fat consumption; and (5) physical inactivity and exercise. Most statistics are disaggregated by gender and grade, with males showing higher levels of risk behavior on most parameters. National statistics and relevant "year 2000 objectives" provide a broader context for understanding. A final section lists the elements of a successful comprehensive school health program. Contains 41 references. (RH)

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KIDS, SCHOOLS, & HEALTH
WHERE DO WE STAND?

Results of the 1993 New Mexico Youth Risk Behavior Survey of Native American Schools

Prepared for the New Mexico Department of Education
Alan D. Morgan, Superintendent

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
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Introduction

This report describes the results of the *1993 New Mexico Youth Risk Behavior Survey* of Native American Schools. "Native American" schools are those schools identified by the New Mexico Department of Education as having a high percentage of Native American enrollment. The average Native American enrollment in the 16 schools identified by the state as Native American was 77.5%. Health education researchers at the University of Utah conducted the surveys and prepared this report under a competitive contract awarded by the New Mexico Department of Education. *Sincere appreciation is expressed to the students and staff who participated in the survey.*

The health problems experienced by youth are caused by a few preventable behaviors, such as alcohol abuse and unprotected sexual intercourse. Tobacco use, dietary patterns that cause disease, and physical inactivity, which are behaviors established during youth, lead to health problems later in life. The increasing costs of health care demand that we teach our youth to adopt and maintain healthy behaviors. School health programs are essential to attaining this goal.

Effective school health programs incorporate eight interdependent components:

- health education
- health services
- nurturing physical and psychosocial environments
- counseling, psychological, and social services
- integrated efforts of schools and communities to improve health
- food service
- physical education and physical activity
- health programs for faculty and staff

Schools are one of the more effective and efficient means of providing accurate information and opportunities for youth to develop skills that will enable them to adopt healthy behaviors and avoid preventable health problems.

School-based comprehensive health education is the cornerstone of successful school health programs. Planned, sequential, kindergarten through grade 12 comprehensive school health education programs which integrate health education about each of the priority health risk behaviors can be more effective than school efforts to address single categorical topics (e.g., drugs, HIV).

It is extremely important that school health programs be developed that are responsive to community needs.

This report was written to stimulate useful discussions among educators, parents, and youth across New Mexico about ways to increase informed support for effective, school-based comprehensive health education programs. This report also provides information to help focus the design of effective school health programs. A similar report of results from schools not identified by the state as Native American was also prepared by the University of Utah.

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Survey Methods

The Youth Risk Behavior Survey was designed by experts nationwide through the Centers for Disease Control and Prevention to measure the extent to which adolescents engage in behaviors that result in unintentional and intentional injuries; tobacco, alcohol, and other drug use; sexual behaviors; dietary behaviors that cause health problems; and physical inactivity.

The 1993 New Mexico Youth Risk Behavior Survey was approved for use in New Mexico schools by Alan D. Morgan, Superintendent of Public Instruction, and the New Mexico Department of Education. The survey also enjoys the support of other state agencies and community organizations, and educators across the state, the federal government, and many national organizations.

School district superintendents were contacted during November, 1992 to obtain approval to approach principals of the 16 schools identified by the New Mexico Department of Education as Native American about the survey. Sufficient time was allowed to gain school board and/or parent approval, and to answer any questions about the survey. Of the 16 Native American schools, 14 (87.5%) agreed to participate in the survey on which this report is based.

This rate of response was sufficient to allow results to be statistically representative of all students in New Mexico Native American Schools in grades 9 through 12.

During April, 1993, students in randomly selected second-period classes were asked to complete the 84-item, multiple choice YRBS survey (Copies of the survey are available from the New Mexico Department of Education, (505) 827-6704). Locally identified contact persons were provided with all information and materials necessary to administer the survey and return the completed data sheets for processing.

Survey administrators were provided with detailed written instructions to ensure uniform survey administration across sites. To encourage accurate responses to sensitive questions, a strict protocol was followed to protect the privacy and confidentiality of all participating students. Participation in the survey was voluntary. Students could decline to participate, turn in blank or incomplete survey forms, or stop completing the survey at any time.

Survey Results

Of the 1,549 students participating in the *1993 New Mexico Youth Risk Behavior Survey* of Native American schools, 51.8% (802) were female and 48.2% (745) were male. Two students did not identify their gender. By grade, 33.3% were enrolled in the 9th grade, 26.5% in the 10th grade, 20.2% in the 11th grade, and 17.1% in the 12th grade. (2.9% declined to identify their grade).

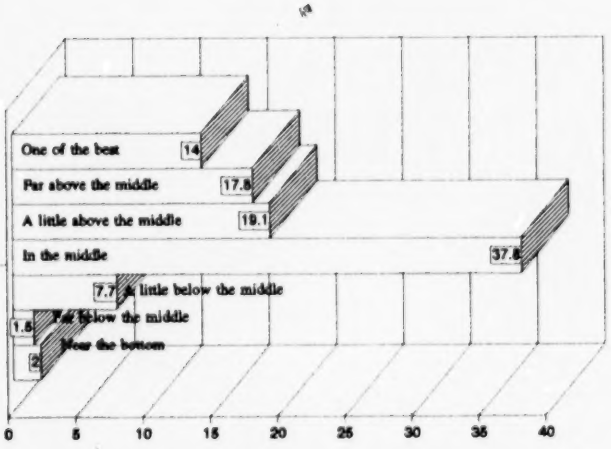
Of the students responding to the survey, 77.5% described themselves as Native American or Alaska Native, 9.1% described themselves as white, 0.5% as black, and 13.0% as Hispanic. Thirteen students did not specify group membership.

When asked *"Compared to other students in your class, what kind of student would you say you are?"* nearly all students rated themselves at or above the middle, while 11.2% rated themselves below the average.

In this section of the report the following information is provided for each priority health risk behavior:

- Summary statements from the U.S. Centers for Disease Control and Prevention (CDC) about the consequences of engaging in various health risk behaviors
- Native American-Specific statistics regarding the consequences of engaging in health risk behaviors
- Adolescent Health Objectives for the Year 2000.
- 1993 survey results depicted in graph- and bullet-statement-form.

This presentation format was designed to allow the reader to draw conclusions about the importance of the priority health risk behaviors and the extent to which New Mexico students in Native American schools engage in these behaviors.



Students Perceptions of the Kind of Students They Are

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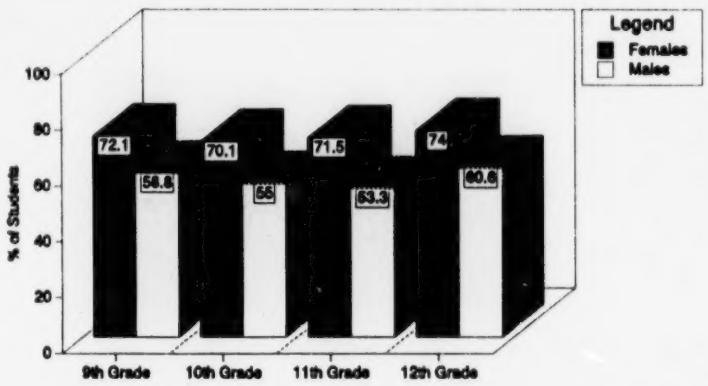
Unintentional & Intentional Injuries

Accidents are the second leading cause of death in the American Indian and Alaska Native population. Among American Indians and Alaska Natives ages 15 to 24, the accident death rate is 125.4 per 100,000 and is 150% higher than the total U.S. accidental death rate for the same age group. Homicides, suicides, and motor vehicle accidents in the American Indian and Alaska Native population accounted for 68.5% of all fatalities for 15-24 year olds between 1987 and 1989 (Indian Health Service, 1993a).

Seat Belt use

Motor vehicle accidents were responsible for 541 deaths between 1987 and 1989 in the American Indian and Alaska Native population (Indian Health Service, 1993a). Seat belt use is estimated to reduce motor vehicle fatalities by 40% to 50% and serious injuries by 45% to 55% (National Committee for Injury Prevention and Control, 1989). Increasing use of automobile safety restraint systems to 85% could save an estimated 10,000 American lives per year (U.S. Department of Health and Human Services, 1990a). Increased seat belt use by American Indians and Alaska Natives could save as many as 271 lives.



Percentage of Participating Students Who Most of the Time or Always Wear Seatbelts When Riding in a Car Driven By Someone Else

New Mexico YRBS Results:

- 63.6% of all participating students "Most of the Time" or Always" wore a seatbelt when riding in a car driven by someone else.
- 36.4% of all participating students "Never," "Rarely," or "Sometimes" wore a seatbelt when riding in a car driven by someone else.

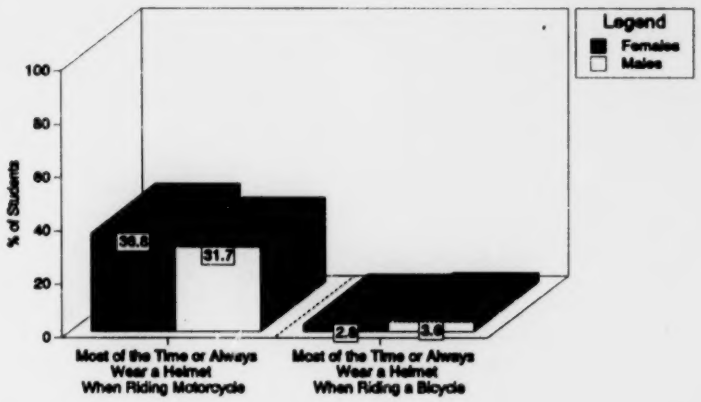
Year 2000 Objective: Increase use of occupant protection systems, such as safety belts, inflatable safety restraints, and child safety seats, to at least 85% of automobile occupants.

Motorcycle and Bicycle Safety

Head injury is the leading cause of death in motorcycle and bicycle crashes (National Committee for Injury Prevention and Control, 1989). Unhelmeted motorcyclists are two times more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders (National Highway Traffic Safety Administration, 1980). In addition, the risk of head injury for unhelmeted bicyclists is more than 6 1/2 times greater than for helmeted riders (Thompson, Rivara, & Thompson, 1989).

New Mexico YRBS Results:

- Of the students (35.3%) surveyed who rode a motorcycle in the past 12 months, 21.3% "Always" wore a helmet.
- 55.4% of males who rode a motorcycle "Never" or "Rarely" wore a helmet.
- Of the students (69.5%) who rode a bicycle in the past 12 months, 1.7% "Always" wore a helmet.



Percentages of Participating Students Who Reported "Most of the Time" or "Always" Wearing a Helmet When Riding a Motorcycle or Bicycle

Year 2000 Objective: Increase the use of helmets to at least 80% of motorcyclists and at least 50% of bicyclists.

Motor Vehicle Safety

From 1987-1989, motor vehicle accidents accounted for 40.7% of the deaths of American Indian and Alaska Native youth age 15-24 (Indian Health Services, 1993a). Motor vehicle accident mortality for this age group is 134% higher than expected based on national data (Indian Health Service, 1993a).

Automobile crash injuries, more than half of which involve alcohol (U. S. Department of Health and Human Services, 1990b), are the leading cause of death among all youth age 15-24 in the United States (National Highway Traffic Safety Administration, 1988). Alcohol-related traffic accidents cause serious injury and disability and are the leading cause of spinal cord injury among all young adults (National Highway Traffic Safety Administration, 1987).

Year 2000 Objectives:

Reduce deaths among youth age 15-24 caused by motor vehicle crashes to no more than 33 per 1000,000 people.

Reduce deaths among people age 15-24 caused by alcohol-related motor vehicle crashes to no more than 18 per 100,000.

New Mexico YRBS Results:

During the past 30 days:

- One in three (35.7%) of participating 11th grade males drove while drinking alcohol. 24.4% of these students did so four or more times.
- Nearly one in two (47.5%) of participating students rode in a car driven by someone who had been drinking. 36.8% of these students did so four or more times.
- 5.8% of participating male students under age 16 drove when they had been drinking alcohol.

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Carrying of Weapons

23.3 per 100,000 fatalities among American Indian and Alaska Native 15-24 year olds were due to homicide between 1987 and 1989. This was the third leading cause of death in this age range (Indian Health Services, 1993a).

Approximately nine out of ten homicide victims in the U.S. are killed with a weapon of some type, such as a gun, knife, or club. Nationally, homicide is the second leading cause of death among all adolescents (National Center for Health Statistics, 1990a) and the leading killer of black adolescents (U.S. Department of Health and Human Services, 1990b).

New Mexico YRBS Results:

- 44.3% of all males surveyed carried a weapon in the past month. 59.1% of these students carried a gun.
- 10.6% of all females reported carrying a weapon in the past 30 days. More than one-third of these female students (37.7%) carried a gun.
- 40.5% of the males who carried a weapon during the past 30 days did so on more than five days.
- 21.4% of all males surveyed carried a weapon **on school property** during the past 30 days.

Year 2000 Objective: Reduce by 20% the incidence of weapon-carrying among adolescents age 14-17.

Violence in Schools

The violence of the streets does not stop at the school door. School yard altercations are increasingly settled with guns and knives.

New Mexico YRBS Results:

- 11.9% of all participating males and 4.2% of females were threatened or injured with a weapon **on school property** during the past 12 months.
- 31.7% of all students surveyed had property such as a car, clothing, or books stolen or deliberately damaged **on school property** in the past year.
- 11.6% of all students surveyed did not go to school at least once in the past 30 days because they felt they would be unsafe at school or on their way to or from school.

Physical Fighting

Fighting is the most important antecedent behavior for a great proportion of homicides among adolescents (U.S. Department of Health and Human Services, 1990a). The immediate accessibility of a firearm or other lethal weapon often is the factor that turns a violent altercation into a lethal event (Rivara, 1985). Unintentional firearm-related fatalities are a critical problem among children and young adults in the United States (Wood & Mercy, 1988).

New Mexico YRBS Results:

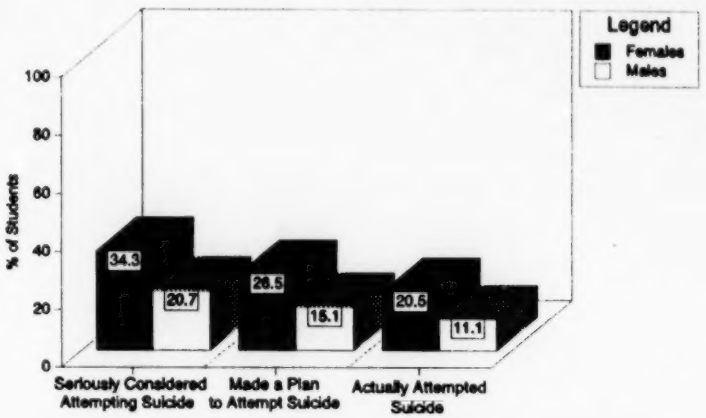
- 52.5% of participating males and 34.9% of females were in a physical fight during the past 12 months. Of these students, 58.4% fought with a friend or family member the last time they were in a physical fight.
- 41.4% of participating 9th grade males and 33.4% of all males were in a physical fight **on school property** in the past year.

Year 2000 Objectives: Reduce by 20% the incidence of physical fighting by adolescents age 14-17.

Suicide

Between 1987 and 1989, the suicide death rate for American Indian and Alaska Native youth age 15-24 was 38.3 per 100,000. Suicide mortality was more than twice the national average for this age range and was the second leading cause of death in this age range among American Indians and Alaska Natives (Indian Health Service, 1993a).

Nationally, suicide is the third leading cause of death among youth age 15-24 and the second leading cause of death among white males age 15-24 (National Center for Health Statistics, 1990b). The suicide rate for persons age 15-24 has tripled since 1950 (U.S. Department of Health and Human Services, 1990b).



Percentages by Gender of Students who Reported Seriously Considering Suicide, Making a Plan for Suicide and/or Actually Attempting Suicide in the Past 12 Months.

<u>New Mexico YRBS Results:</u>

- 34.3% of all participating female students and 20.7% of males seriously considered attempting suicide during the past 12 months. Of these students, three-fourths (75.5%) made a plan about how they would attempt suicide.
- 57.9% of the students who seriously considered and made a plan for attempting suicide actually made an attempt. Over one-half (51.3%) of these students made more than one attempt to commit suicide.
- Of those students (15.8%) who attempted suicide, 28.5% reported that the attempt resulted in injury, poisoning, or overdose that had to be treated by a doctor or nurse.

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Tobacco, Alcohol, & Other Drug Use

Tobacco Use

Tobacco use is the single most important preventable cause of death in the United States, accounting for one of every six deaths in the United States. Smoking is a major risk factor for heart disease; chronic bronchitis; emphysema; and cancers of the lung, larynx, pharynx, mouth, esophagus, pancreas, and bladder (Office on Smoking and Health, 1989).

Among Native Americans heart disease is the leading cause of death, cancer is the third leading cause of death, and chronic obstructive pulmonary diseases are the tenth leading cause of death in New Mexico (Indian Health Services, 1993a).

If 29% of the 70 million children now living in the United States smoke cigarettes as adults, then at least 5 million of them will die of smoking-related diseases (Office on Smoking and Health, 1989). In addition, smoking is related to poor academic performance and the use of illicit drugs and alcohol (Johnston, O'Malley, & Bachman, 1987). Over one million teenagers begin smoking each year (U.S. Department of Health and Human Services, 1990b).

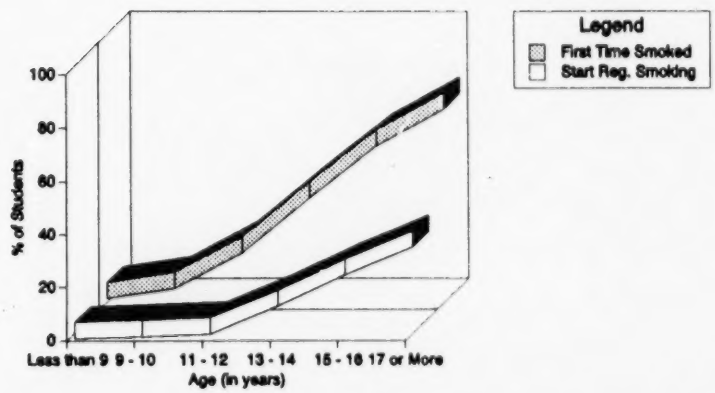
Oral cancer occurs more frequently among smokeless tobacco users than nonusers and may be 50 times as frequent among long-term snuff users. Smokeless tobacco use can lead to the development of oral leukoplakia and gingival recession and can cause addiction to nicotine (Public Health Service, 1986). Between 1970 and 1986, the prevalence of snuff use increased 15 times and chewing tobacco use increased four times among men age 17-19 (Office on Smoking and Health, 1989).

Year 2000 Objectives:

Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents age 12-17.

Reduce the initiation of cigarette smoking by children and youth so that no more than 15% have become regular cigarette smokers by age 20.

Reduce smokeless tobacco use by males age 12-24 to a prevalence of no more than 4%.



Age When 12th Grade Students Reported Smoking a Whole Cigarette for the First Time and/or Age When 12th Grade Students Reported They Began Smoking Regularly

<u>New Mexico YRBS Results:</u>

- 84.0% of all students surveyed have tried cigarette smoking.
- 29.9% of all students surveyed tried to quit smoking cigarettes during the past six months.
- 31.4% of all students have smoked regularly, that is, at least one cigarette every day for 30 days.
- 46.6% of all students smoked cigarettes during the past 30 days.

- 9.1% of all male students smoked cigarettes all 30 of the past 30 days.
- 21.3% of all students surveyed smoked cigarettes **on school property** during the past 30 days.
- 28.7% of all males surveyed used chewing tobacco or snuff during the past 30 days as compared to 7.4% of the females.
- 18.5% of all males surveyed used chewing tobacco or snuff **on school property** during the past 30 days.

Alcohol Use

Alcohol is a major factor in approximately half of all homicides, suicides, and motor vehicle crashes (Perrine, Peck, & Fell, 1988) which are the leading causes of death and disability among young people (U.S. Department of Health and Human Services, 1990b).

Alcoholism mortality among American Indians and Alaska Natives is 51.4 per 100,000. The Native American rate is 634% higher than the overall U.S. rate (Indian Health Service, 1993b).

Heavy drinking among youth has been linked conclusively to physical fights, destroyed property, academic and job problems, and trouble with law enforcement authorities (Dryfoos, 1987). Approximately 100,000 American deaths per year are attributable to misuse of alcohol (U.S. Department of Health and Human Services, 1990b).

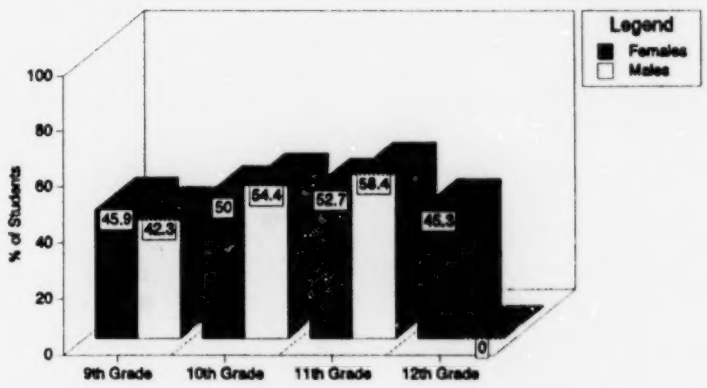
Year 2000 Objectives:

Reduce the proportion of young people who have used alcohol in the past month to 12.6% of youth age 12-17 and 29.0% among youth age 18-20.

Reduce the proportion of high school seniors and college students engaging in recent occasions of heavy drinking of alcoholic beverages to no more than 28% of high school seniors and 32% of college students.

New Mexico YRBS Results:

- 79.2% of all students surveyed have tried drinking alcohol. Nearly two-thirds (63.4%) of these students had their first drink by age 13.
- 50.4% of all students surveyed drank alcohol during the past 30 days.
- 41.2% of students surveyed estimated they have had at least one drink of alcohol on at least 20 days in their life.
- 19.9% of participating 11th grade males and 11.4% of 11th grade females estimated they had at least one drink of alcohol 100 or more days in their life.
- 31.6% of 12th grade males surveyed had a drink on at least 3 days in the past 30 days.
- 39.5% of males and 31.9% of all females surveyed had 5 or more drinks in a row on at least one day during the past month.



Percentages of All Students Who Drank Alcohol On At Least 1 Day During the Past 30 Days.

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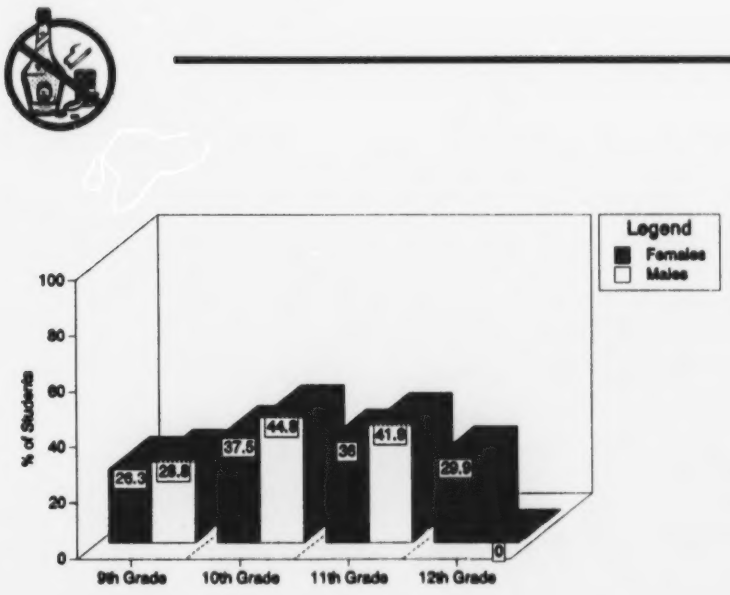

Percentages of All Students Who Had 5 or More Drinks in a Row on at Least One Day During the Past 30 Days.

- 17.4% of all students had at least one drink of alcohol **on school property** during the past 30 days.

Other Drug Use

One in four American adolescents is estimated to be at very high risk for the consequences of alcohol and other drug problems (Dryfoos, 1987). Drug abuse is related to morbidity and mortality due to injury, early unwanted pregnancy, school failure, delinquency, and transmission of sexually transmitted diseases, including HIV infection (U.S. Department of Health and Human Services, 1990a). Despite improvements in recent years, illicit drug use is greater among high school students and other young adults in America than in any other industrialized nation in the world (Johnston, O'Malley, & Bachman, 1989).

- Over two-thirds (69.8%) of those students surveyed who have tried cocaine (8.6%) have used the crack or freebase form of cocaine.
- One-half of those students surveyed who have tried cocaine have used it during the past 30 days.
- 17.8% of all males and 14.9% of all females surveyed have used other drugs, such as pills without a doctor's prescriptions, LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin.
- 4.4% of all males have taken steroid pills or shots without a doctor's prescription.

Year 2000 Objectives:

Increase by at least 1 year the average age of first use of cigarettes, alcohol, and marijuana by adolescents age 12-17.

Reduce the proportion of young people who have used marijuana in the past month as follows: 3.2% of youth age 12-17 and 7.8% of youth age 18-20 (marijuana use); 0.6% of youth age 12-17 and 2.3% of youth age 18-20 (cocaine use).

Reduce to no more than 3% the proportion of male high school seniors who use anabolic steroids.

New Mexico YRBS Results:

- 49.3% of all students have used marijuana. One-half (46.7%) of these students have used marijuana ten or more times.
- 27.1% of males and 21.2% of females surveyed used marijuana during the past 30 days. 50.8% of those students used marijuana **on school property**.

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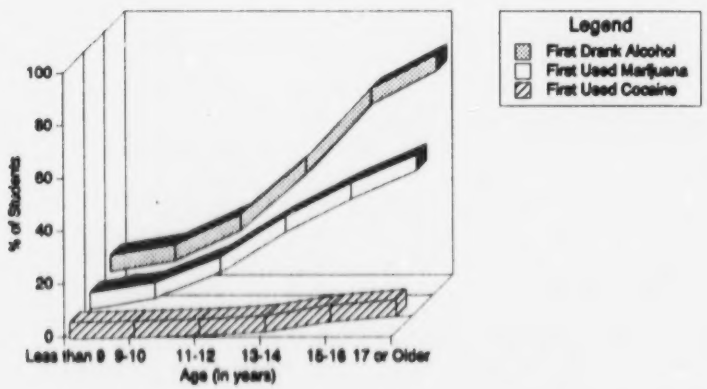
- When asked if they had ever injected or shot up illegal drugs, 3.8% of all male students responded that they had.

- 24.6% of all males and 20.0% of all females surveyed reported they had been offered, sold, or given illegal drugs **on school property** during the past 12 months.



Reported Age When 12th Grade Students First Tried Drinking Alcohol, Using Marijuana and Using Cocaine

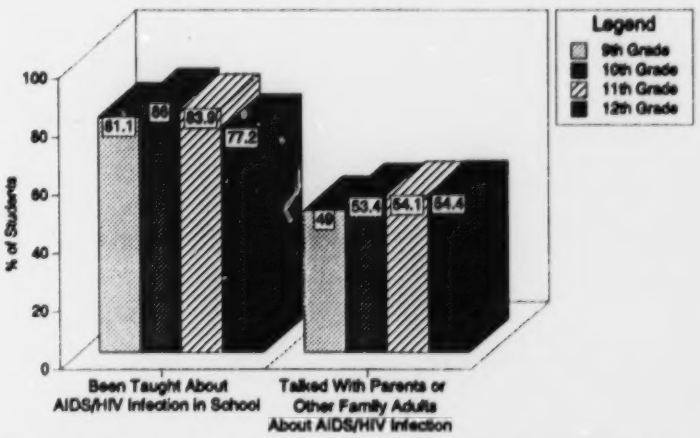
Sexual Behaviors

HIV/AIDS Risk and Prevention Education

As of December 31, 1991, 322 cases of AIDS were reported among American Indians and Alaska Natives. This rate of 16.0 per 100,000 is much lower than the rate of 84.0 per 100,000 in all other races in the United States. It is estimated that another 2,700 American Indians and Alaska Natives are infected with HIV (Conway et al., 1992).

Acquired immunodeficiency syndrome (AIDS) is the only major disease in the United States for which mortality is increasing (U.S. Department of Health and Human Services, 1990b). Nationally, AIDS is the 7th leading cause of death for youth age 15-24 (National Center for Health Statistics, 1989) and is the 7th leading cause of years of potential life lost before age 65 in the United States (Centers for Disease Control, 1989a).

In a 1990 survey of adolescents, 47.1% of all 9th through 12th grade students indicated that they have not talked with their parents about AIDS and HIV infection. In a 1986 national survey, teens said they would like to communicate more about sex and HIV infection with their parents. Half of the teens in a 1988 survey said their parents have not provided enough information about sex and they want more discussion about sex with their parents (Miller & Laing, 1989).



Percentage of Students Surveyed Who Have Been Taught in School and/or Have Talked With Parents or Other Family Adults About HIV Infection and AIDS

Sexual Behaviors

Major risks of early sexual activity include unwanted pregnancy and sexually transmitted diseases (STDs) including HIV. Number of partners and age at first intercourse are associated with STDs. Alcohol and drug use may be predisposing factors for initiation of sexual activity and unprotected intercourse (Hofferth & Hayes, 1987). Nationally, the average age of first sexual intercourse is 16.2 for girls and 15.7 for boys (Hayes, 1987). About one fourth of girls and one third of boys have had intercourse by age 15 (Baldwin, 1990; Sonenstein, Pleck, & Ku, 1989). Among all teens, 77% of females and 86% of males are sexually active by age 20 (National Center for Health Statistics, 1988).

<u>New Mexico YRBS Results:</u>

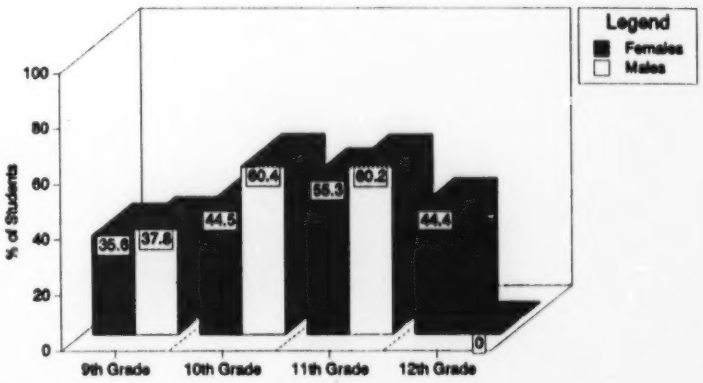
- 48.2% of all students surveyed have had sexual intercourse.
- 9.2% of 11th grade females and 21.7% of 11th grade males have had sexual intercourse with four or more partners.
- Over one-third (37.9%) of students who have had sexual intercourse reported they did not have sexual intercourse during the previous 3 months.

Year 2000 Objectives:

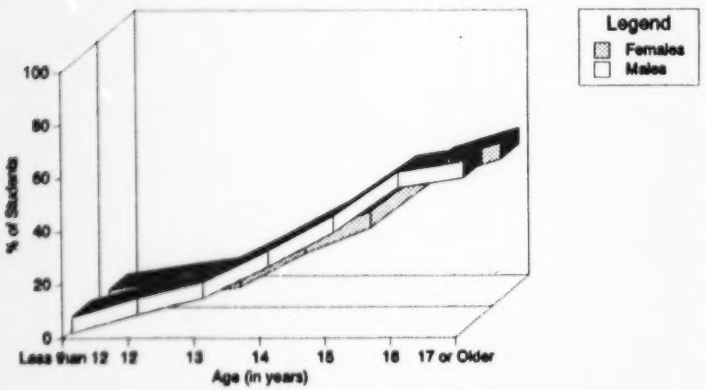
Reduce the proportion of adolescents who have engaged in sexual intercourse to no more than 15% by age 15 and no more than 40% by age 17.

Increase to at least 40% the proportion of sexually active adolescents age 17 and younger who have abstained from sexual activity for the previous three months.

- Of those who had sexual intercourse during the past 3 months (30.0%), three of four (76.7%) students surveyed had sex with one partner.
- Of those who have ever had sexual intercourse (48.2%) one in three (29.1%) drank alcohol or used drugs before they had sexual intercourse the last time.
- Of those who had sexual intercourse during the past 3 months, 66.6% of males and 51.2% of females surveyed reported that a condom was used before last sexual intercourse.



Percentages of Students Surveyed Who Have Had Sexual Intercourse

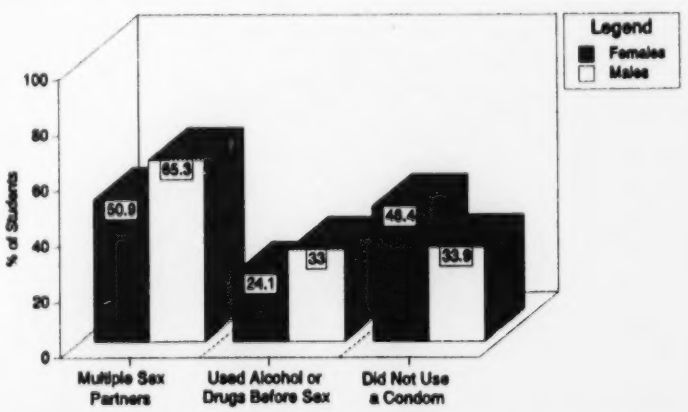


Age of First Sexual Intercourse Reported by 11th Grade Students

Unintended Pregnancies

One of ten teenage girls in the U.S. becomes pregnant each year, over 400,000 teens have abortions, and nearly 470,000 give birth (Henshaw & Van Vort, 1989; Hofferth & Hayes, 1987).

Among American Indians and Alaska Natives between 1987 and 1989, 19.3% of all births were to teenage mothers (Indian Health Services, 1993a). Nationally, teens account for one third of all unintended pregnancies, with 75% of teenage pregnancies occurring among teens who do not practice contraception (Westoff, 1988). The U.S. leads all other developed countries in adolescent pregnancy, abortion, and childbearing (Hofferth & Hayes, 1987).



Percentages of Students Who Have Had Sexual Intercourse (58.2%) Who Have Engaged in High-Risk Sexual Behaviors

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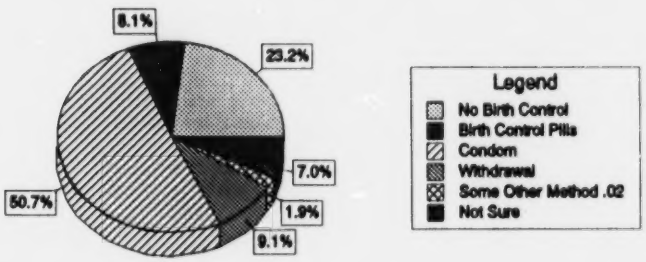
New Mexico YRBS Results:

- 15.5% of 11th grade females and 12.2% of 11th grade males report having been pregnant or gotten someone pregnant.
- 18.2% of male students and 29.6% of female students who had sexual intercourse during the past 3 months reported that birth control pills were used to prevent pregnancy.

Year 2000 Objectives:

Reduce pregnancies among girls age 17 and younger to no more than 5%.

Increase to at least 90% the proportion of sexually active, unmarried people age 19 and younger who use contraception, especially combined method contraception that effectively prevents pregnancy and provides barrier protection.



Kinds of Birth Control Used by Students Who Have Had Sexual Intercourse the Last Time They Had Intercourse

Sexually Transmitted Diseases

Between 1984 and 1988, American Indians and Alaska Natives reported twice the gonorrhea and syphilis rates as the non-Native American population (Conway et al., 1992). Every year, 2.5 million U.S. teenagers are infected with an STD; this number represents approximately one out of every six sexually active teens and one-fifth of the national STD cases (Centers for Disease Control, 1989b). Of the 12 million new cases of STD per year, 86% are among people age 15-29 (Division of Sexually Transmitted Diseases, 1990). STDs may result in infertility, adverse effects on pregnancy outcome and maternal and child health, and facilitation of HIV transmission (U.S. Department of Health and Human Services, 1990b).

New Mexico YRBS Results:

- When asked if they had ever been told by a doctor or nurse they had a sexually transmitted disease, 8.7% of those students who have had sexual intercourse responded they had.

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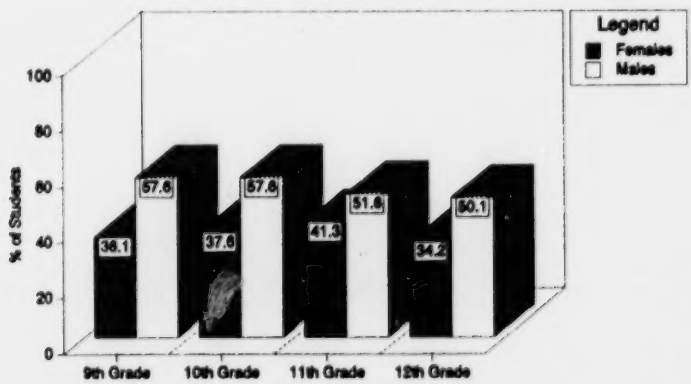
Year 2000 Objectives:

Increase to at least 60% the proportion of sexually active, unmarried young women age 15-19 who used a condom at last sexual intercourse.

Increase to at least 75% the proportion of sexually active, unmarried young men age 15-19 who used a condom at last sexual intercourse.

Reduce gonorrhea among adolescents age 15-19 to no more than 750 cases per 100,000 people.



Percentage of Students Who Have Had Sexual Intercourse Who Reported That a Condom Was Used the last Time They Had Sexual Intercourse

Dietary Behaviors

Year 2000 Objectives:

Reduce overweight to a prevalence of no more than 20% among people age 20 and older and no more than 15% among adolescents age 12-19.

Increase to at least 50% the proportion of overweight people age 12 and older who have adopted sound dietary practices combined with regular physical activity.

Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people age 2 and older.

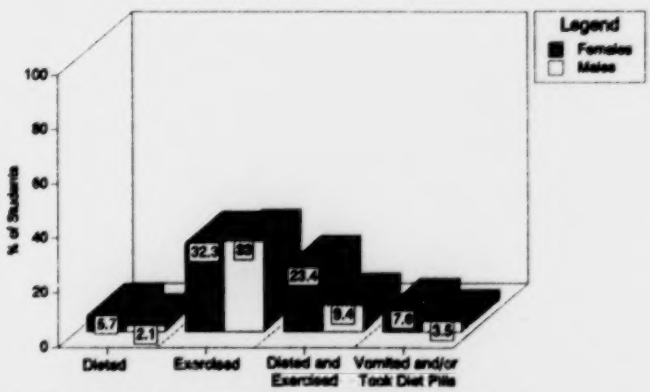
Increase complex carbohydrate and fiber-containing foods in the diets of adults to five or more daily servings for vegetables (including legumes) and fruits, and to six or more daily servings for grain products.

Dietary Behaviors

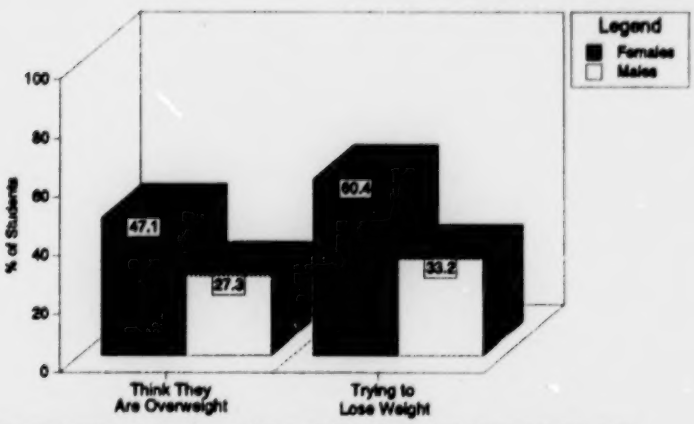
Obesity and extreme obesity appear to be increasing by as much as 39% and 64%, respectively, among youth age 12-17 (Gortmaker, Dietz, Sobol & Wehler, 1987). Obesity acquired during adolescence may persist into adulthood, increasing later risk for chronic conditions such as diabetes, heart disease, high blood pressure, stroke, some cancer, and gall bladder disease (Public Health Service, 1988). Also, adolescents often experience social and psychological stress related to obesity (Rotatori & Fox, 1989). Overemphasis on thinness can contribute to eating disorders (Public Health Service, 1988).

New Mexico YRBS Results:

- 61.4% of females and 44.6% of males surveyed, dieted, exercised, or exercised and dieted in the past week to keep from gaining weight.



Methods of Weight Control Used During the Past Week.



Percentages of Students Who Think They Are Overweight, and Percentage Who Are Trying to Lose Weight.

- 38.8% of females and 53.7% of males surveyed think they are about the right weight.

Americans currently consume more than 36% of their total calories from fat. High fat diets, which are associated with increased risk of obesity, heart disease, some types of cancer, and other chronic conditions.

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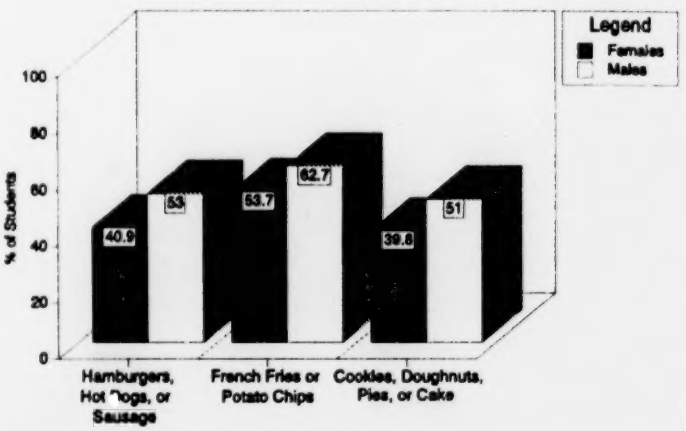
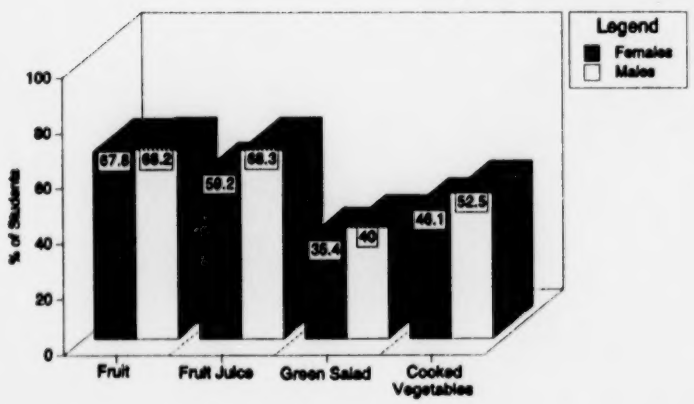
often are consumed at the expense of food high in complex carbohydrates and dietary fiber, considered more conducive to health (Public Health Service, 1988). Because lifetime dietary patterns are established during youth, adolescents should be encouraged to choose nutritious foods and to develop healthy eating habits (Select Panel for the Promotion of Child Health, 1981).



What Students Ate The Previous Day



What Students Ate The Previous Day

New Mexico YRBS Results:

On the day before the survey:

- 67.9% of all students ate fruit. One-half (49.5%) of those students had more than one serving of fruit on that day.
- 49.4% of all students ate cooked vegetables. 37.7% ate green salad on that day.
- 47.1% of all the students surveyed ate hamburger, hot dogs, or sausage the day before the survey.
- 58.4% of all students ate french fries or potato chips.
- 45.5% of all the students ate cookies, doughnuts, pies or cake.

Physical Inactivity

Physical Inactivity

Regular physical activity increases life expectancy (Paffenbarger, Hyde, Wing, & Hsieh, 1986). Additionally, regular physical activity can assist in the prevention and management of coronary heart disease, hypertension, diabetes, osteoporosis, obesity, and mental health problems (Harris, Caspersen, DeFriese, & Estes, 1989). The quantity and quality of school physical education programs have a significant positive effect on the health-related fitness of children (U.S. Department of Health and Human Services, 1985, 1987).

Year 2000 Objectives:

Reduce overweight to a prevalence of no more than 20% among people age 20 and older and no more than 15% among adolescents age 12-19.

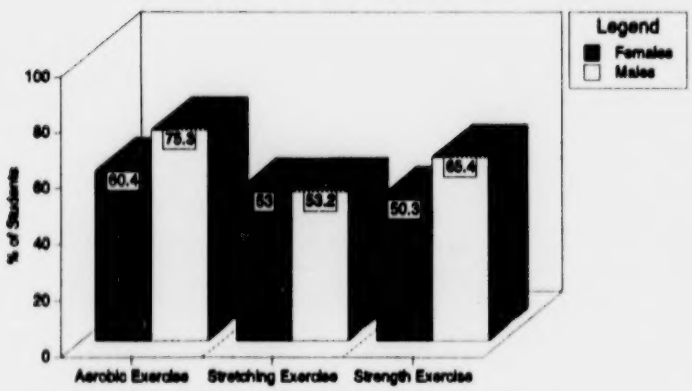
Increase to at least 50% the proportion of overweight people age 12 and older who have adopted sound dietary practices combined with regular physical activity.

Reduce dietary fat intake to an average of 30% of calories or less and average saturated fat intake to less than 10% of calories among people age 2 and older.

Increase complex carbohydrate and fiber-containing foods in the diets of adults to five or more daily servings for vegetables (including legumes) and fruits, and to six or more daily servings for grain products.

New Mexico YRBS Results:

- 68.0% of all students surveyed participated in activities that made them sweat or breathe hard on 3 or more of the past 7 days.
- 75.7% of all 9th grade students and 22.2% of all 11th grade students surveyed were participating in a physical education class on a daily basis.
- Of those enrolled in a P.E. class, 81.6% spent more than 20 minutes actually exercising or playing sports during an average class period.
- 51.2% of males and 42.1% of females participated on one or more sports teams run by their school during the past 12 months. 51.2% of males and 36.6% of females played on one or more sports teams run by organizations outside their school during the past 12 months.
- 51.2% of all 9th grade students surveyed and 40.9% of all 11th grade students walked or bicycled for at least 30 minutes on 3 or more of the past 7 days.



Percentages of Students Who Exercised on 3 or More Days of the Past 7 Days

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Summary and Conclusions

Youth Risk Behavior Survey results indicate that New Mexico students in schools identified by the state as Native American, like other students in New Mexico, are engaging in the behaviors that lead to the most serious problems of adolescence and adulthood. Many of these problems are preventable.

Comprehensive school health programs can assist parents and communities in encouraging youth to adopt healthy behaviors and enjoy happy, productive lives. School-based health education programs are the cornerstone of successful school health programs, and include the following elements:

- Address each of the priority health risk behaviors;
- Incorporate skills-based curricula based on appropriate theory;
- Provide for adequate instructional time;
- Provide repeated exposure throughout all grades in school;
- Coordinate school-wide health education;
- Taught by persons who are adequately trained and interested in teaching about a variety of health topics; and
- Are age and community appropriate.

In addition, skills-based teacher training and follow up, peer teacher assistants, parental support, and school-wide and community media programs are important elements of successful programs. Such programs emphasize the development of skills and self-esteem, nurture social bonding to conventional units of socialization, and provide recognition and reinforcement for newly acquired skills and behaviors.

Successful school health education programs address:

- ☐ Injury prevention
- ☐ Tobacco use
- ☐ Alcohol and other drug use
- ☐ Sexual Behaviors
- ☐ HIV and other STD prevention
- ☐ Nutrition
- ☐ Physical fitness
- ☐ Emotional and mental health
- ☐ Personal hygiene
- ☐ Social and environmental health

Results of the *1992 New Mexico School Health Education Survey* (Gray, 1992) of secondary schools indicate that New Mexico schools are still developing the capacity to provide effective comprehensive health education to students. Hopefully, this report will stimulate productive discussions among educators, parents, and youth across New Mexico and result in increased efforts to provide youth with the kinds of educational programs that will enable them to adopt healthy behaviors and avoid preventable diseases.

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